

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 25, 2008
Secretary of State**

DOCUMENT# 743159

Entity Name: COASTAL ESTATES, INC.

Current Principal Place of Business:

11091 BOMBAY LANE
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

11091 BOMBAY LANE
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 59-1884444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRK, JAMES
11091 BOMBAY LANE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIRK, JAMES
Address: 11091 BOMBAY LANE
City-St-Zip: FORT MYERS, FL 33908 US

Title: D () Delete
Name: STIFFEY, RICHARD
Address: 11271 BOMBAY LANE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: PARMENTER, PATSY
Address: 11130 BOMBAY LANE
City-St-Zip: FORT MYERS, FL 33908

Title: T () Delete
Name: HAMILTON, CHARLOTTE
Address: 11110 BOMBAY LANE
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Delete
Name: KAISER, SANDRA
Address: 1111 BOMBAY LANE
City-St-Zip: FORT MYERS, FL 33908

Title: S () Delete
Name: ADRAMSKI, ROSEMARY
Address: 11251 BOMBAY LANE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ADAMSKI, ROSEMARY
Address: 11251 BOMBAY LANE
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA KAISER

VP

02/25/2008

Electronic Signature of Signing Officer or Director

Date